

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

09-18-03

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9		4				
10		3				
11		3				
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TOTAL IND.		11	TOTAL IND.			
TOTAL DEP.		64	TOTAL DEP.			
TOTAL CLAIMS		75	TOTAL CLAIMS			

  

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.			TOTAL IND.			
TOTAL DEP.			TOTAL DEP.			
TOTAL CLAIMS			TOTAL CLAIMS			